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LUTTERWORTH RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the
MEDICAL OFFICER OF HEALTH

for the year 1947



LUTTERWORTH RURAL DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year 1947

Mr. Chairman, Lady and Gentlemen,

I beg to present herewith the Annual Report on the Health of your district for the year 1947.

STATISTICS

					1947	1946
Area (in acres) ...	...	...	...	...	46,701	46,701
Estimated (civil) population ..	...	...	...	...	11,230	10,940
Births, legitimate M.	130	F. 98			228	210
illegitimate M.	<u>12</u>	<u>F. 3</u>			<u>15</u>	<u>9</u>
	142	101			243	219
Birth Rate ...	...	...	...	...	21.6	20.0
" " (for England and Wales) ..	...	...	...	...	20.5	19.1
Deaths ...	M. 56	F. 57	Total		113	
Crude Death Rate ..	...	...	...	...	10.0	12.4
Factor for Comparative Death Rate	- not available.					
Death Rate for England and Wales ...	...	...	...	...	12.0	11.5
Deaths of Infants under one year of age ...					3	2
Infant Mortality Rate per 1,000 Births ...					20	43
Infant Mortality Rate for England and Wales					41	43

Causes of Death

The principal causes of death were: heart disease 44; cancer 11; intra-cranial vascular lesions ("stroke") 14; pneumonia and bronchitis 7; tuberculosis 4.

COMMENTS ON STATISTICS

Birth-rate The birth-rate has again gone up, as was the case throughout the country. The following are the figures for previous years:

<u>Birth-rate</u>	<u>Lutterworth R.D.</u>	<u>Eng. & Wales</u>
Average for 5 years		
1941 - 5	16.5	16.0
1946	20.0	19.1
1947	21.6	20.5

The increase of the birth-rate after the end of the war was only to be expected as the result of demobilisation.

Death-rate The death-rate was lower than in the previous year, viz: 10.0 against 12.4, and compares with 12.0 for the whole country. The following are the figures for previous years:

<u>Death-rate</u>	<u>Lutterworth R.D.</u>	<u>Eng. & Wales</u>
Average for 5 years	12.6	11.9
1946	12.4	11.5
1947	10.0	12.0

Infant Mortality As was the case in the previous year, infant mortality in the Lutterworth R.D. was much below that for the whole country.

Quite the most satisfactory feature of our national health statistics during the past half century has been the very marked and continuous fall in the mortality of infants during their first year of life. Lutterworth R.D. is a striking example of this. In a community with only a small population too much importance should not be attached to the statistics of a single year, but as shown in the table below the improvement has been continuous for very many years.

Infant Mortality

<u>Average of 5 yrs. Lutterworth R.D.</u>		<u>England & Wales</u>
1926-30	60	68
1931-35	51	62
1936-40	44	55
1941-45	38	50
1946	27	43
1947	20	41

From this it appears that the fall in infant mortality has been even more marked in Lutterworth R.D. than in the country as a whole, and indicates the superiority of rural over urban conditions so far as infant life is concerned. This consideration is some compensation to the obvious drawbacks existing in many rural villages due to the lack of piped water supply and water closets, defective drainage, from lack of sewers, inadequate means of transport and of shopping facilities, etc. It is to be hoped, however, that before very long these drawbacks will be largely eliminated, and when that is the case life in the country will be much more attractive.

The reduction in infant mortality is no doubt attributable to the greatly increased care and attention now given to infant welfare - and this is partly due to the lower birth-rate - together with the improved standard of life generally and especially among the working classes.

SANITARY CIRCUMSTANCE OF THE AREA

The Lutterworth R.D. is entirely rural in character. It has an area of 46,000 acres, but the population is not quite 11,000. It comprises the little country town of Lutterworth, with 24 villages and 2 hamlets. Of the 24 villages Broughton Astley is by far the largest with a population of over 1,400. The remaining 23 villages have an average population of only 280 each.

NOTIFICATION & CONTROL OF INFECTIOUS DISEASE

Under the National Health Service Act a new regulation comes into force. Copies of all notification certificates received by a rural district council must now be sent on at once (within 12 hours) to the County Council, and all fees paid by the R.D.C. will in future be refunded by the C.C. Hitherto we have only been making weekly returns to the C.C. and fees have not been refunded.

The object of this new arrangement - beyond being one more step in the direction of centralisation - is not obvious. It will relieve the District rates but will increase the County rates by the same amount, and incidentally it will make rather more administrative and clerical work.

Notifications received during 1947

<u>Disease</u>	<u>Cases</u>	<u>Deaths</u>
Tuberculosis (Pul. 4, other 0.) ...		4
Scarlet Fever	6	-
Diphtheria ...	-	-
Typhoid Fever ...	-	-
Whooping Cough ...	4	-
Measles	109	-
Pneumonia		6
Puerperal Pyrexia	1	-
Erysipelas	-	-
Poliomyelitis	2	
Cerebro-spinal Fever	1	

There was very little infectious disease in the District in 1947, the only deaths recorded in this category being 4 from tuberculosis and 6 from pneumonia.

There were two cases of poliomyelitis (Infantile paralysis) reported, one being a boy of 4 yrs. living at Lutterworth, and the other a girl of 11 living in Walton. These were part of the outbreak of poliomyelitis occurring in the city and county of Leicestershire and, indeed, throughout the country. As is usually the case with this mysterious disease, no connection with any other case could be discovered. Happily, the epidemic, if it may be called such, has now passed and only occasional cases are occurring throughout the country.

DIPHTHERIA IMMUNISATION

Again I am able to report that no cases of diphtheria were reported in the Lutterworth R.D. during the year. Since immunisation against diphtheria was started as a national policy in 1941, only 7 cases (none of them fatal) have been reported, viz: 5 in 1941, 1 in 1942 and 1 in 1943. In the five years since then not one case has been reported. Such a result is certainly very satisfactory and gratifying and taking into consideration the fact that a similar decline has been seen in the rest of Leicestershire and throughout the country it certainly points to the effectiveness of immunisation.

At the same time it is always wise in connection with any measures against infectious disease to be cautious against claiming too much. It is conceivable that some other cause may have been at work and that the prevalence of diphtheria may again increase in spite of immunisation. Nevertheless, in the face of the marked decline which has taken place one is justified in saying that, so far as the figures go, they fully support the policy of immunisation.

The following table shows the number of sessions held and the number of children immunised at each centre.

TABLE A

<u>Lutterworth Rural District</u>					
<u>Diphtheria Immunisation - 1947</u>					
<u>Centre</u>	<u>Sessions</u>	<u>Immunised</u>		<u>"Boosters"</u>	
		<u>Under 5:</u>	<u>Over 5</u>	<u>Under 5:</u>	<u>Over 5</u>
Arnesby	5	11			14
Ashby Magna	5	2			8
Bitteswell	2	3			1
Broughton Astley	4	22			
Bruntingthorpe	5	3			14
Claybrooke	4	8	9		11
Dunton Bassett	4	9			5
TOTALS Carried forward:	29	58	9		53

Centre	Sessions	Immunised		"Boosters"	
		Under 5:	Over 5	Under 5:	Over 5
TOTALS Brought forward:	29	58	9		53
Frolesworth	4	3			14
Gilmorton	4	5			
Kimcote & Walton	5	11			27
Leire	2	4			
Lutterworth I.W.C.	4	57	1		4
North Kilworth	5	3			23
Shawell	4	3	1		2
South Kilworth	5	6			13
Swinford	5	5	2		32
Ullesthorne	5	13	2	1	10
Walcote	2	2	5		1
Willoughby W.	5	9	2		9
	79	179	22	1	188
Immunised privately		17	4		
	79	196	26	1	188
TOTAL:		222			189

Briefly, there were 79 sessions compared with 69 in the previous year. The number of children immunised for the first time was 222 as compared with 189 in the previous year; and the number re-immunised was 189 compared with 216.

Immunisation in previous years

The following table gives the figures for each year since the immunisation scheme began, including cases (not very many) done privately:

TABLE B

<u>Year</u>	<u>Sessions</u>	<u>Under 5</u>	<u>5 - 14</u>	<u>Total</u>	<u>Re-immunised</u>
1941	72	315	1208	1523	-
1942	23	113	12	125	-
1943	80	231	183	414	3
1944	34	133	11	144	4
1945	90	256	36	292	6
1946	69	162	27	189	216
1947	79	196	26	222	189
Totals:	447	1306	1503	2909	418

I estimate the proportion of children now being immunised in the Lutterworth Rural District as being between 70 and 80 per cent of those born.

The future of Diphtheria Immunisation

Under the National Health Service which came into operation on 5th July, 1948, the whole responsibility for providing facilities for diphtheria immunisation is taken out of the hands of the District Councils and placed on the County Council.

The County Council Health Department propose to try and get the work done through general practitioners, each doctor doing his own patients, but if this does not prove effective, then to make

arrangements for the work to be done at special sessions as at present, either by their own medical officers or by medical practitioners willing to take the work on.

As nearly all general practitioners are very busy, and under the new Act expect to be much busier still, it is difficult to see how they can spare the extra time which this work will entail. Moreover, it is an un-economic method, entailing far more time and trouble, to do the work individually than on a sessional basis.

What we have accomplished

It is now $7\frac{1}{2}$ years since I first undertook to carry out personally the immunisation work in the Blaby & Lutterworth Rural Districts. At the outset I little thought I should carry it on for so long. The following table shows briefly what we have been able to accomplish year by year. Children immunised by private practitioners or by the County Medical Officers are not included.

<u>Blaby R.D.</u>				<u>Lutterworth R.D.</u>			
Year	Sessions	Immunised	Re-Im'd.	Year	Sessions	Immunised	Re-Im'd.
1941	84	3063		1941	72	1523	
1942	52	957		1942	23	125	
1943	105	763	37	1943	80	393	3
1944	102	518	32	1944	34	112	4
1945	96	549	174	1945	90	265	6
1946	90	516	778	1946	69	155	216
1947	90	561	161	1947	79	201	189
1948	47	383	308	1948	41	145	405
<u>($\frac{1}{2}$ yr.)</u>				<u>($\frac{1}{2}$ yr.)</u>			
Total:	666	7310	1490	Total:	488	2919	823

Total injections - 16,110

Total injections - 6,661

From this it appears that for the two districts a total of 1154 immunisation sessions were held; 10,229 children were immunised (2 injections each), and 2313 children were re-immunised (1 injection each), making a grand total of 22,771 injections given.

During the whole of the period covered I have had as my assistant my secretary, Mrs. F.I. Wightman, and I wish to take this opportunity of acknowledging the invaluable help she has rendered me, not only at the actual sessions but in carrying out the great amount of clerical and organising work entailed.

As regards mileage covered in doing the work, I estimate this - on the basis of 1200 miles during one year when I kept a record - at 9,000 miles.

SMALLPOX AND VACCINATION

Under the National Health Service Act compulsory vaccination is abolished and becomes a thing of the past. To those who can remember the great controversy which raged round the question of vaccination at the end of last century this dropping of compulsory vaccination is rather significant and calls for some comment.

It used to be taught that universal vaccination of infants was indispensable if epidemic smallpox was to be kept under control, and up till comparatively recent times it was believed that it was infant vaccination which had brought about the disappearance of

smallpox from this country. Today, however, that thesis in the writer's opinion, can no longer be reasonably held, for we have witnessed a continuous fall in smallpox simultaneously with a fall in vaccination. In some areas, indeed, e.g. Leicester and Leicestershire, the number of children vaccinated has for the past quarter of a century been negligible (barely 5%) and yet there has been no sign of an increase in smallpox.

There is some difference of opinion as to the effect that the abolition of compulsion will have upon the number of children which will now be vaccinated. The official view of the Ministry of Health is that, in view of the success which has attended voluntary methods of persuasion in the case of immunisation against diphtheria, voluntary methods will also succeed with vaccination. But there is a great difference between immunisation and vaccination. The latter is a much more serious operation and it is not infrequently followed by violent reactions and other unpleasant after-effects. It seems more probable therefore, that the amount of vaccination will fall still further.

Even, however, if vaccination of infants falls into entire disuse there is not, in the present writer's opinion, any real cause for alarm. Once the idea is grasped that it is not infant vaccination which has been protecting this country in the past, one is able to view the prospect of the whole country becoming unvaccinated, as has been the case with Leicester and Leicestershire, without apprehension.

It may come as a surprise to some to learn that in the past fourteen years, 1933-46, not a single baby has died from smallpox in this country although it is estimated that there are upwards of 4,000,000 children born during this period who have never been vaccinated. But in the same period it is officially admitted that 51 babies lost their lives as a result of vaccination.

I feel it my duty to call attention to these facts, not because I have no faith in vaccination - where it is really called for I have a very profound faith in it - but because in the past such very exaggerated claims have been made for it while the drawbacks to it have been largely passed over.

Incidentally, I may mention that, as a doctor and a medical officer of health, whose duty it is to deal with any case of smallpox which may occur, I have all through my professional life vaccinated myself every few years.

Under the new Act Local Health Authorities (i.e. in our case the County Council) have to provide facilities for vaccination for anyone desiring it. It remains to be seen to what extent these facilities, apart from people going abroad, will be made use of except in times of smallpox "scares".

LABORATORY WORK

The following is a return, supplied by the County M.O.H., of work done by the County Laboratory on behalf of the Lutterworth R.D.:-

Swabs for diphtheria	6
Sputum for Tuberculosis	33
Sewage & water analysis	40
Films for gonococci	2
Urine, general & bacteriological	10
" for T.B.	2
Milk, bacteriological	174
" for phosphatase test	2
Ice Cream	9
Total:	<u>278</u>

In addition much important work of a rather more specialised and bacteriological character is now being done by the Government controlled Public Health Laboratory services. The laboratory for the North Midland area is located at the City Isolation Hospital, Groby Road, Leicester.

No charge for doing this work is made and best thanks are due to the Director (Dr. Gillespie) and his staff for the help they have always readily given.

NATIONAL HEALTH SERVICE ACT

This Act, the most comprehensive and far-reaching health Act ever devised, came into operation on 5th July of the present year. If it does all, or even a part, of what it is hoped it will do it will, indeed, prove a great contribution to human welfare. It is only to be expected that there will be many initial difficulties and inconveniences, and some flaws and defects will be discovered in the Act itself which will have to be rectified by an amending Act.

There are differences of opinion, no doubt, about the detailed provisions of the Act but these, we may hope, will disappear with the lapse of time and active opposition give place to cordial co-operation.

HOUSING

The importance of an adequate supply of good houses is now so well-recognised that it is hardly necessary to stress it. Owing to the war the shortage of houses already great became very much more acute, and this was still further aggravated when the army was demobilised.

Today, however, new houses built since the war are beginning to come through, but it will be a long time before the shortage has been overtaken. The shortage is acute in Lutterworth R.D. as throughout the country.

The following particulars have been supplied by Mr. H.G. McNaught, the Council Surveyor and Chief Sanitary Inspector:

Houses completed during 1947,	Local Authority	54,	Private Enterprise	14
Total Number since end of war	"	"	104,	"
				26

Overcrowding

The number of houses known to be overcrowded at end of the year was 57. Nine cases were relieved during the year. Mr. McNaught observes:

"In view of the acute shortage of housing accommodation it is impossible to relieve the position to any great extent at the present time.

"The accumulation of outstanding repairs shows little signs of improvement, and the present high cost of building operations makes landlords very reluctant to undertake normal maintenance work. Some of the properties are in a very bad state of repair and at the present time the Council are not in a position to bring about much improvement."

WATER SUPPLY

The problem of a piped water supply is necessarily much more difficult in a rural than in an urban district, and in Lutterworth R.D., consisting largely of small, scattered villages, the problem is particularly difficult.

Only five of the 28 parishes in the District are at present supplied with a piped supply, viz: Lutterworth, Willoughby Waterleys, Ullesthorpe, Claybrooke Magna and Claybrooke Parva. Parts of two other parishes, Bitteswell and Catthorpe have also a piped supply, but all the remainder have to get their water from wells, mostly shallow.

Comprehensive schemes have been prepared for supplying the whole district with a good supply of piped water, but certain difficulties are holding these up. It is eminently desirable that these schemes should be put in hand as soon as possible.

SEWERAGE AND SEWAGE DISPOSAL

The only parishes of the 28 in the Lutterworth R.D. which have public sewage disposal systems are Lutterworth and N. and S. Kilworth, and the two last need several new sewers. In all the other parishes sewage discharges into open ditches and streams, either direct or after passing without treatment through catch-pits. This indicates how much there is to be done if the district is to be properly provided for.

A comprehensive scheme has been prepared and it is much to be hoped that the holding up of the water supply schemes will not delay the carrying out of this.

CONCLUSION

My appointment as your M.O.H. made in 1940 was only supposed to last until the end of the war. It was, of course, as a war-time job that I took it on. The war has now been over for three years and I feel that it is quite time that you had a younger and more active man as your M.O.H.

I realise, however, that owing to circumstances over which you have no control, difficulties have arisen in connection with the making of a new appointment and I can only therefore leave myself in your hands. I shall be glad when you can release me, but in view of the consideration and courtesy which you and my fellow officers have invariably shown me, I should be sorry to cause you any inconvenience by pressing for my release.

I am,

Your obedient servant,

C. KILLICK MILLARD,

Medical Officer of Health.

The Gilroes,
Leicester.

13th July, 1948.